

## AMENDMENT TRANSMITTAL FORM

In re application of: Michel Daage et al.  
 U. S. Serial No.: 10/059,928 [400100]  
 Filed: January 29, 2002  
 For: SUPPORTED CATALYST TREATMENT

) Before the Examiner  
 ) Jonas N. Strickland  
 ) Confirmation Number: 9576  
 ) Group Art Unit: 1754  
 ) Family Number: P2002J012

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 MAY 28 2003  
 TC 1700



Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

- ☒ The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on May 23, 2003.

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$\_\_\_\_\_ to extend the time for filing this response until \_\_\_\_\_.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED            |  |       |  |                         |             |     |
|------------------------------|--|-------|--|-------------------------|-------------|-----|
| (1)                          | (2)<br>Claims Remaining<br>After Amendment | (3)   | (4)<br>Highest Number<br>Previously Paid For | (5)<br>Present<br>Extra | (6)<br>Rate | (7) |
| Total<br>Claims              | *  |       | **   |                         | x 18.00     |     |
| Indep.<br>Claims             | *  | Minus | ***  |                         | x 84.00     |     |
| MULTIPLE DEPENDENT CLAIM FEE |  |       |  |                         | \$280.00    |     |
| FEE FOR CLAIM CHANGES        |  |       |  |                         |             |     |

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Information Disclosure Statement, including claim changes and any extension of time is calculated to be \$\_\_\_\_\_.

☒ Charge \$\_\_\_\_\_ to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

May 23, 2003  
 Date of Signature

Post Office Address: [to which correspondence is to be sent]  
 ExxonMobil Research and Engineering Company  
 P. O. Box 900  
 Annandale, New Jersey 08801-0900

Estelle C. Bakun  
 Attorney or Agent of Record

ESTELLE C. BAKUN35,054

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☒ Pursuant to 37 CFR 1.34(a)



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 PATENT TRADEMARK OFFICE

MAY 23 2003